

UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

JBP534

First Inventor

Cole et al.

Title

Treatment For Skin

Express Mail Label No.

EL190924123US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 32, including 23 claims and 1 page of abstract]

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

4. ☐ Drawing(s) (35 USC 113) [Total Sheets]
5. Oath or Declaration [Total Pages 4]
- a. ☒ Unexecuted (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

6. ☐ Application Data Sheet. See 37 CFR 1.76

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☒ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Erin M. Harriman at:

Telephone: (732) 524-3619 Fax: (732) 524-2808

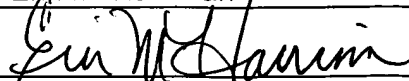
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Erin M. Harriman

Reg. No. 40,410

SIGNATURE



DATE

December 21, 2000

3903 U.S. PTO
09/742622

12/21/00

12/21/00

09742622

FEE TRANSMITTAL*Complete if Known*

| | |
|------------------------|-------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Cole et al. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | JBP534 |

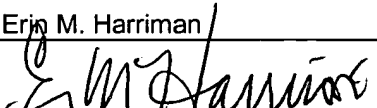
FEE CALCULATION

CLAIMS AS FILED

| (1) | (2) | (3) | (4) | (5) |
|---------------------------|--------------------------|--------------|------------|-----------------------|
| FOR: | NUMBER FILED | NUMBER EXTRA | RATE | BASIC FEE \$710.00 |
| TOTAL CLAIMS | 23 - 20 = | | x 18.00 | \$ 0.00 |
| INDEPENDENT CLAIMS | 3 - 3 = | 0 | x 80.00 | \$ 0.00 |
| MULTIPLE DEPENDENT CLAIMS | <input type="checkbox"/> | N/A | \$270.00 | |
| | | | TOTAL FEES | \$ 710.00 |

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/JBP534/EMH in the amount of \$764.00.
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JBP534/EMH. Three copies of this sheet are enclosed.

| | | |
|-----------------------|---|---------------------------------|
| SUBMITTED BY: | | <i>Complete (if applicable)</i> |
| Typed or Printed Name | Erin M. Harriman | Reg. No. 40,410 |
| Signature |  | Deposit Account No. 10-0750 |
| | Date: 12/21/2000 | |

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Cole et al.

For : Treatment For Skin



Express Mail Certificate

"Express Mail" mailing number: EL191924123US


Date of Deposit: December 21, 2000

I hereby certify that this complete application, including 32 pages of specification, 23 claims (4 pages), 1 page of Abstract, and Declaration (4 pages) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Alwin Haywood

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)

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